

UNITED STATES DISTRICT COURT

EASTERN

District of

MASS

OYEGBOLA, ADE

SUMMONS IN A CIVIL CASE

V.

RIDGE, TOM
DHS et al.

CASE NUMBER:

04-10318 RGS

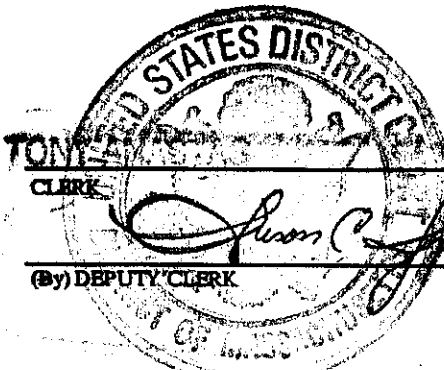
TO: (Name and address of Defendant)

John Ashcroft,
Attorney General USDOJ
950 Pennsylvania Ave NW
Washington, DC 20530-0001

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

ADE G. Oyegbola pro se
46 Birchwood Rd 4417
Randolph, MA 02368
(781) 963-0304

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



DATE

2-17-04

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE	
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>02-17-2004</u>
NAME OF SERVER (PRINT) <u>OYEGBOLA ADE</u>	TITLE <u>Pn Sc</u>
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____ _____	
<input checked="" type="checkbox"/> Other (specify): <u>U.S. Postal Service. CERTIFIED MAIL with</u> <u>RETURN RECEIPT # 7003 0500 0004 4025 3063</u>	
STATEMENT OF SERVICE FEES	
TRAVEL	SERVICES <u>6.95</u> TOTAL <u>\$6.95</u>
DECLARATION OF SERVER	
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on <u>02-17-2004</u> _____ Date Signature of Server</p> <p><u>46 Birchwood Rd 0417 Randolph, MA 02368</u> Address of Server</p>	

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Complete items 1 through 3. Also complete item 4 if the recipient is a business.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mail piece or on the front if space permits.</p>		<p>4. <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>5. Received by: (Printed Name) _____ Date of Delivery _____</p> <p>6. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p>John Ashcroft, Attorney General United States Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</p>		<p>8. Service Type:</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p>	
<p>Code No. 04-10318 RGS</p> <p>2. Article Number (Transfer from service label) 7003 0500 0004 4005 3063</p>		<p>9. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-11-1540	

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
WASHINGTON DC 20530	
Postage	\$ 2.90
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.95
UNIT ID: 0500	
FEB 17 2004	
Postmark Here	
Clerk: KK5220	
USPS	
02/17/04	
Sent To John Ashcroft	
Street, Apt. No., or PO Box No. 950 Pennsylvania Ave	
City, State, ZIP+4	
PS Form 3800, June 2002	
See Reverse for Instructions	